FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051806

1. Corporation Name

AMERICAN RENTALS INC.

Principal Place of Business	Mailing Address
22864 OVERSEAS HWY	22864 OVERSEAS HWY CUDJOE KEY FL 33042

FILED Feb 13, 1999 8:00am **Secretary of State**

02-13-1999 90019 023 ***150.00

AMERIO	AN NEWIALO, INC.							
Principal Place	e of Business	Mailing Address			-		·	
22864 OVERSE	AS HWY	22864 OVERSEAS HWY					•,	
CUDJOE KEY FL 33042 CUDJOE KEY FL 33042					DO NOT WEITE IN	THE SPACE		
						DO NOT WRITE IN	HIS SPACE	
						3. Date Incorporated or Qualifed		, [
						06/18/1996	114	- Lind Cot
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	1	oplied For ot Applicable
21		26				65-0681046		<u>''</u>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional equired
22								
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23 4		28						10 1 663
Zip	Country	Zip		untry		8. This corporation owes the current ye	ar intangible ∐Yes	□No
24	25	29	30	_		Personal Property Tax. 10. Name and Address of New Regist		
•	9. Name and Address of Curren	nt Registered Agent		81	Name	10. Name and Address of New Neglati	sted Agent	
CL A	TED DICHARD A ID			1	Mairie			
SLA	ter, richard a Jr 54 Overseas Highway			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
				<u></u>			20 1 2 2 2 4 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1	4 3 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
CUL	JOE KEY FL 33042			83				
				84	City		85 Zip	Code
							<u> FL</u>	
	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation	of Florida, Such change was ations of, Section 607.0505, Fl	authorize orida Sta	ed by atutes	tne corpora	orporation submits this statement for the purporation's board of directors. I hereby accept the	ppointment de re	egistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Register	ed Agen	t signature r e q	uired when reinstating) DA		
12.	OFFICERS AN	ID DIRECTORS	13			ADDITIONS/CHANGES TO OFFICER		Addition
TITLE	DP	☐ DELETE	1.1	TITLE		•	☐ Change	☐ Addition (
NAME	SLATER, RICHARD A JR		1.2	NAME				
STREET ADDRESS	22864 OVERSEAS HWY		1.3	STREE1	ADDRESS			· ·
CITY-ST-ZIP	CUDJOE KEY FL		1.4	CITY-S	T-ZIP			
TITLE	DS	☐ DELETE	2.1	TITLE			Change	Addition
NAME	SLATER, MERRIE A		2.2	NAME				
STREET ADDRESS	THE PROPERTY OF THE PROPERTY OF		2.3	STREET	FADORESS	•		
CITY-ST-ZIP	CUDJOE KEY FL		2.4	CITY-S	ST-ZIP	·		
TITLE	ODDOC NOT IC	☐ DELETE	_	TITLE			☐ Change	☐ Addition
NAME	·		3.2	NAME				
STREET ADDRESS			3.3	STREE	T ADDRESS		tara e e e	1 ,,••
· ·	` · *			CITY-S	1		引き回答す	
CITY-ST-ZIP		□ DELETE		TITLE	/- L		Change	Addition
TITLE	1	U	4.2	NAME		•		
NAME					T ADDRESS			
STREET ADDRESS			9					
CITY-ST-ZIP		☐ DELETE		CITY-S	1-212		Change	Addition
TITLE	[[VCLE E		NAME				_
NAME					TADDRESS		•	
STREET ADDRESS	8							.
CITY-ST-ZIP				CITY-S	1-21		☐ Change	Addition
TITLE	h	☐ DELETE		TITLE			□ change	
NAME								
NAME				NAME	T ADDRESS			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.